

PERIOD		DATE		TREATMENT FACILITY				
FROM	TO							
RATED BY		PRIVILEGES PERFORMED BY						
TITLE								
PRIVILEGES				RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance.				ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
Category II (Continued).								
	y.	Acute compartment compression syndrome.						
	z.	Use of lumbar puncture as diagnostic technique.						
	aa.	Use of MAST device in hypotensive patients.						
Category III.								
	a.	Airway maintenance including emergency crico-thyrotomy and nasotracheal and orotracheal intubation.						
	b.	Transvenous and transthoracic cardiac pacemaker placement.						
	c.	Placement of arterial monitoring devices.						
	d.	Paracentesis.						
	e.	Thoracentesis and placement of thoracostomy tube with intrathoracic suction.						
	f.	Reduction of fracture dislocations which offer neurovascular compromise.						
	g.	Central venous catheter placement.						
	h.	Pericardiocentesis.						
	i.	Use of ventilator (mechanical) and application of arterial and venous blood gas data to the use of the same.						
	j.	Prehospital radio communications, EMT SOPs.						
	k.	Peritoneal lavage.						
	l.	Be familiar with, by recall, the ER Policy Manual.						
	m.	For full certification in this category, applicant should have 3,000 hours ER experience. If not, indicate approximate number of hours:						
		(1) 0 - 1,000						
		(2) 1,000 - 2,000						
		(3) 2,000						
Category IV.								
	a.	Competent in Categories, I, II, and III.						
	b.	In the absence of immediate consultant care, the surgical management of leaking or ruptured thoracic aneurysm in life-threatening situation, inclusive of emergency thoracostomy and cross-clamping of the aorta, open cardiac massage, but not inclusive of bypass techniques or definitive repair.						
	c.	In the absence of consultant care, the surgical management of through-and-through wounds to the chest not inclusive of bypass techniques or definitive repair.						
	d.	Have management experience or documented training in triage supervision in mass casualty.						
	e.	In the absence of consultant, be familiar with ER techniques for evaluation of acute subdural hematomas and able to use this knowledge.						

